

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/724,288	RECEIVED CENTRAL FAX CENTER OCT 04 2004
		Filing Date	November 28, 2000	
		First Named Inventor	Schenk, Dale B.	
		Art Unit	1647	
		Examiner Name	Sharon L. Turner	
Total Number of Pages in This Submission		Attorney Docket Number	15270J-004765US	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 pg., submitted in duplicate) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply Response to Election of Species (7 pgs) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 pg.) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	Townsend and Townsend and Crew LLP	
	Rosemarie D. Celli Reg. No. 42,397	
Signature	<i>Rosemarie D. Celli</i>	
Date	October 4, 2004	

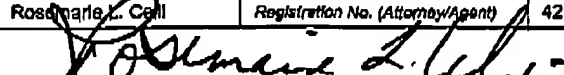
CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on October 4, 2004.			
Typed or printed name	Rosemarie L. Celli		
Signature	<i>Rosemarie L. Celli</i>	Date	October 4, 2004

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PTO/BB/17 (10-03)

FEE TRANSMITTAL for FY 2004		<i>Effective 10/01/2003. Patent fees are subject to annual revision.</i>		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known		
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TOTAL AMOUNT OF PAYMENT (\$)		1530	Attorney Docket No.	15270J-004766US

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large</th> <th>Entity</th> <th>Small</th> <th>Entity</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>1051</td> <td>130</td> <td>2061</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>1052</td> <td>50</td> <td>2052</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>1053</td> <td>130</td> <td>1053</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>1812</td> <td>2,520</td> <td>1812</td> <td>2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>1804</td> <td>920*</td> <td>1804</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>1806</td> <td>1,840*</td> <td>1806</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>1251</td> <td>110</td> <td>2251</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>1252</td> <td>420</td> <td>2252</td> <td>210</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>1253</td> <td>850</td> <td>2253</td> <td>475</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>1254</td> <td>1,480</td> <td>2254</td> <td>740</td> <td>Extension for reply within fourth month</td> <td>1530</td> </tr> <tr> <td>1255</td> <td>2,010</td> <td>2255</td> <td>1,005</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>1401</td> <td>330</td> <td>2401</td> <td>165</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>1402</td> <td>330</td> <td>2402</td> <td>165</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>1403</td> <td>290</td> <td>2403</td> <td>145</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>1451</td> <td>1,510</td> <td>1451</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>1452</td> <td>110</td> <td>2452</td> <td>55</td> <td>Petition to revive - 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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Rosemarie L. Conl	Registration No. (Attorney/Agent)	42,397
Signature		Telephone	650-326-2400
		Date	October 4, 2004

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